

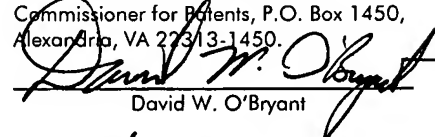


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Tracy W. Nelson
SERIAL NO.: 10/705,717
FILING DATE: 11/10/2003
TITLE: FRICTION STIR WELDING OF
METAL MATRIX COMPOSITES,
FERROUS ALLOYS, NON-
FERROUS ALLOYS, AND
SUPERALLOYS USING A
SUPERABRASIVE TOOL
ART UNIT: 1725
EXAMINER: Johnson, Jonathan J.
DOCKET NO.: 1219.BYU.CN2

CERTIFICATE OF MAILING
UNDER 37 C.F.R. § 1.8

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David W. O'Bryant

May 1, 2006
Date of Deposit

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INTRODUCTORY COMMENTS

In response to the Office Action mailed April 20, 2006, Applicant offers the
following Amendment and requests consideration and examination of the above-
captioned application.

- This paper includes the following sections:
- Amendments to the Claims begin on page 2 of this paper; and
- Remarks begin on page 16 of this paper

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



JDW

<h2>TRANSMITTAL FORM</h2> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/705,717
		Filing Date	November 10, 2003
		First Named Inventor	Tracy W. Nelson
		Group Art Unit	1725
		Examiner Name	Johnson, Jonathan J.
Total Number of Pages in This Submission (including this sheet)	18	Attorney Docket No.	1219.BYU.CN2

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$____ <input type="checkbox"/> Credit card authorization in the amount of \$____ <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ____ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request ____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal ____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Attorney for Applicant	David W. O'Bryant, Registration No. 39,793 MORRISS O'BRYANT COMPAGNI, P.C. 136 South Main Street, Suite 700 Salt Lake City, Utah 84101 (801) 478-0071 telephone; (801) 478-0076 facsimile		
Signature	<i>David W. O'Bryant</i>	Date	<i>May 1, 2006</i>
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Typed or Printed Name	David W. O'Bryant		
Signature	<i>David W. O'Bryant</i>	Date	<i>May 1, 2006</i>